

Community Care, Inc.
Statement of Interest – Statewide Long-Term Care Reform
Wisconsin Department of Health and Family Services

Organization Name:

Community Care, Inc. (Community Care Health Plan)

Contact Person and Contact Person's Organization:

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Brief Description of Organization:

Community Care, Inc is a non-profit 501-c-3 corporation that operates PACE and Partnership Programs in Milwaukee County for frail elders and a Partnership program in Racine County for frail elders. The mission of Community Care is to develop and demonstrate innovative, flexible, community-based approaches to care for at-risk populations, with an emphasis on those with low-incomes. It does this in order to optimize the quality of life for the populations served and optimize the allocation of community resources. Community Care has been in operation since 1977 and became a licensed HMO (CCHP) in July 2005. Community Care, Inc. has also operated case management programs in Milwaukee, Manitowoc and Kenosha counties for many years as subcontractors for COP, CIP and Family Care. The original program that launched Community Care remains funded currently serving 6 of the original 789 individuals. This program was one of the three demonstrations in Wisconsin of what we now know as the COP and COP Waiver program. Community Care, Inc. also receives over \$100,000 annually from the United Way of Greater Milwaukee to manage a brokered case management system. Currently, this program provides services to adult with physical disabilities in Milwaukee County. A fact sheet on Community Care, Inc. is attached.

A volunteer Board of Directors oversees the agency and has at least four consumers/family/caregivers members. The PACE and Partnership programs have a Consumer Advisory Committee. The chairperson of the Consumer Advisory Committee is a member of the Board of Directors. Each PACE/Partnership site has a Participant Council to assure active involvement in the operations of the PACE and Partnership Programs and to assure consumer/participant input.

As a culturally competent agency, Community Care, Inc. plans to continue to operate programs for the purposes of implementing flexible, individualized, consumer centered and family focused, capitated managed care programs for Wisconsin residents receiving Medicaid benefits for primary, acute and long-term care. Community Care, Inc. has a 15 year foundation of managed care experience and HMO license (Community Care Health Plan) and an approved special needs program designation. Community Care, Inc. will encourage continuing collaboration among federal, state, county and private agencies.

Interest in Planning and Implementing Long-Term Care Reform in Wisconsin

Community Care, Inc. (CCHP) plans to continue to operate PACE and Partnership programs for the frail elderly in Milwaukee County and a Partnership Program in Racine County for the frail elderly.

Community Care has also offered through a Southeastern Wisconsin Care Management Organization RFI to to bear the risk for primary, acute and long-term care services through Partnership and Family Care in Kenosha, Racine, Waukesha, Washington and Ozaukee Counties for frail elders and adults with physical and developmental disabilities.

Community Care, Inc. also submitted an RFI to provide Partnership and Family Care for adults with physical and developmental disabilities. Milwaukee County Disabilities Services Division may participate in this planning process. Community Care, Inc. has also had discussions with iCare in this regard as well.

Community Care, Inc. is also participating in an RFI/RFP response with a multi county consortium called the Family Partnership Care Management Consortium. Community Care, Inc. is unclear what our role would be in that CMO but have offered to be a risk bearer for Partnership and/or Family Care.

While we are invested and committed heavily in these RFIs, it is possible the involved counties will seek other options for long-term care reform excluding Community Care. Community Care, Inc, therefore, remains interested and willing to expand our PACE and Partnership programs into Kenosha, Washington, Waukesha and Ozaukee Counties not only for frail elders but also for adults with physical and developmental disabilities. We are also interested and willing to expand our Partnership Program currently for frail elders in Milwaukee and Racine Counties to include adults with physical and developmental disabilities. Services for adults with developmental disabilities would be further explored through on-going planning with various public and private organizations.

Community Care, Inc. unsuccessfully bid on Family Care for Milwaukee County in 2004. As previously stated, we remain interested and willing to implement a Family Care program for frail elders and adults with physical and developmental disabilities in Milwaukee, Racine, Kenosha, Waukesha, Washington and Ozaukee Counties.

We have identified the southeastern Wisconsin Counties as a primary service area. We are also willing to discuss expanding beyond those borders and boundaries if it would help the state in achieving its goals for long-term care reform and is a financially and operationally viable option for us.

Our strong preference is to partner with counties and other private organizations to either be the risk bearing entity for a regional care management organization or to be a PACE/Partnership and/or Family Care provider. We firmly believe this is the best option for consumers, counties, the state, providers, advocates and Community Care. We are also realistic that the process of reform may be challenging and may lead parties to resist collaborative options with us. With that in mind, this RFI simply signals to the Department of Health and Family Services that we are ready to undertake regional program development and expansion using the known quantities of PACE/Partnership and Family Care to reform long-term care, take any and/or all of the risk of primary, acute and long-term services first and then subsequently work with counties and private agencies to implement the programs in a more collaborative way.

Community Care, Inc. understands that all target populations must be in any reform response and initiative. We have carefully considered our role with adults with

developmental disabilities. We would explore relationships with The Management Group, an enterprise called Community Care in Action, Lutheran Social Services and various counties to address the care management needs of adults with developmental disabilities. The exploration, development and understanding of a relationship between Community Care, Inc. and TMG, CCIA and LSS would be part of the planning process.

We would prefer not to operate SSI managed care. We believe there are skilled managed care organizations in southeastern Wisconsin that are in that business. We are open and willing to discuss with the DHFS the option of contracting through CCHP for these services and then Community Care, Inc./CCHP having a subcontract with the involved HMOs. We are also very willing to work with these managed care organizations and local Resource Centers to enable residents in the involved counties to choose between these programs.

Geographic Area of Interest

Primarily Kenosha County; Racine County; Waukesha County; Washington County; Ozaukee County and Milwaukee County. We are open to discussions beyond these boundaries as practical and financially viable.

Proposed Scope and Nature of the Program:

Community Care, Inc. could operate a Care Management Organization for residents of Milwaukee, Kenosha, Racine, Waukesha, Washington and Ozaukee Counties who are over the age of 18 and who meet financial and functional eligibility requirements for Family Care, Partnership and/or SSI managed care.

We would help create and work with reliable and easy to access resource centers established in southeastern Wisconsin counties for the provision of information and assistance, options counseling, level of care assessment, referral to economic support and enrollment consultation services into a managed care program selected by an eligible individual.

We would work with county-based Adult Protective Services and economic support operated within each county for fulfilling Chapters 51 and 55 requirement and for eligibility determination and redetermination to process enrollments for all individuals who apply for Family Care and PACE/Partnership.

It is anticipated that other Social Services, Human Services and Public Assistance agencies would be operated by counties in accordance with chapters 46 to 55 Wisconsin Statutes.

The existing Community Options Program (COP) and Community Integration Programs (CIP) could be replaced by more comprehensive managed care models through Community Care, Inc. and CCHP such as Family Care and Partnership both of which include all current fee-for-service benefits, including nursing home care. Existing COP/CIP recipients could be transferred into the new model. It is assumed that nursing home care and other long-term care benefits would eventually be subsumed into the Family Care and Partnership models.

It is also assumed that by the end of 2010, waiting lists in Kenosha, Racine, Waukesha, Washington, Ozaukee and Milwaukee Counties would be eliminated as Community

Care, Inc. and CCHP would operate entitlement programs currently known as Family Care and Partnership.

Some of the entitlement would be a result of managed care beginning to redirect service dollars to reduce waiting lists. It is also assumed that the state would find ways to fund total entitlement within four years of the first enrollment into Community Care, Inc/CCHP.

It is assumed that through the Family Care, Partnership and SSI Managed Care models more preventive care and disease management will be applied.

The following Care Management Organization functions could be managed by Community Care, Inc and its non-profit HMO, Community Care Health Plan (CCHP):

- Managing all financial risk including claims management
- Hiring and employing executive and operations management and infrastructure staff
- Selecting and managing all CCHP and subcontracted interdisciplinary teams
- Submitting all encounter data required
- Preparing all marketing materials
- Developing and maintaining a complete provider network
- Creating systems for self-directed services
- Coordinating prevention and wellness resources and programs
- Developing and coordinating all behavioral health and AODA services
- Managing the cash reserve and risk reserve required by DHFS and OCI
- Managing all cost shares and coordination of benefits
- Creating systems for self-directed support
- Holding the Health and Community Services Contracts with the State of Wisconsin DHFS and assuring compliance to the contracts

The following Care Management Organization functions could be evaluated for establishing subcontracts with interested and willing counties and other private organizations:

- Coordinating local CMO Advisory Committees
- Coordinating local Consumer Advisory Committees
- Monitoring quality, consumer/member rights and advocacy, grievance and appeal resolution and ethics reviews through local steering committees, long-term care councils, county boards and/or other local bodies.
- Further exploring and developing housing options for enrollees who need such assistance
- Applying case management systems for member record keeping and to produce needed encounter data
- Coordinating prevention and wellness resources and programs
- Providing behavioral health and AODA services
- Providing interdisciplinary team functions for frail elderly, adults with physical disabilities and adults with developmental disabilities through Family Care.
- Services for adults with developmental disabilities.

It is assumed that Community Care, Inc. has the expertise to provide the care management for frail elders and could build the expertise to provide services for adults with physical and developmental disabilities. The Management Group and a related

organization called Community Care In Action have offered to take the risk for the adult developmentally disabled population directly or through sub-capitation. LSS has also been approached regarding assuming the risk and/or providing care management services for the DD population. These relationships would be further explored in the planning process.

Community Care, Inc. could provide SSI managed care services through subcontracts with existing or new managed care organizations providing SSI managed care services or could work in tandem with existing or new managed care organizations providing SSI Managed Care services. Chronic Mentally Ill services and programs would be explored as a part of the planning process.

The system would be designed to provide the most integrated and seamless array of services in each county that makes the most sense for consumers and creates the easiest contracting relationship for a regional care management organization for the Department of Health and Family Services.

Community Care, Inc. would develop a continuum of care model where consumers would be able to choose a model of care that best meets their needs and where federal and state payers would reimburse Community Care, Inc./CCHP based on actuarially sound rates for the appropriate level and intensity of care provided through Family Care and Partnership.

Other Comments or Information:

Through the Partnership and Family Care models the following principles would be applied:

- resources and funding follow the person
- providers have a shared responsibility with the consumer for positive clinical, social and personal consumer outcomes
- services are managed to provide continuity and quality care and a quality of life
- families are supported in their caregiving roles
- a culturally competent array of services are available and support choices
- self-determination concepts are developed and applied
- as long as possible, individuals are supported to live in the community
- services are provided in a timely fashion and in a variety of settings
- preventative efforts are planning are supported
- consumers participate in governance

As all RFI responses are considered and pursued by DHFS, Community Care, Inc. will work cooperatively in exploring our care management options and understanding our role in long term care reform.

Our strong preference is to work directly with counties and other interested private agencies to create regional care management organizations. We are hopeful that becomes reality. This RFI is an indication to DHFS that we are willing to serve independently as a care management organization and then strive to subsequently build alliances with counties and other private organizations to meet the needs of residents and assist the state in long-term care reform and redesign should the need arise.

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